



# ARIZONA DEPARTMENT OF VETERANS' SERVICE SOUTHERN ARIZONA VETERAN'S MEMORIAL CEMETERY

## APPLICATION: PRE-REGISTRATION FOR BURIAL DETERMINATION

The application is used to assist the cemetery determine eligibility for burial at the Southern Arizona Veterans Memorial Cemetery. The application is required to be completed at the time of need or may be used for pre-need determination. There is no cost for pre-need determination, and it does not obligate the veteran to be interred at the cemetery. Pre-need determination is intended to simplify and assist the veteran's next-of-kin at the time of death. Once eligibility is determined, the applicant will receive confirmation.

### SECTION 1: VETERAN INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix (Jr, Sr) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Zip code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_--\_\_\_\_--\_\_\_\_

**Gender** ☐ Male ☐ Female **Marital Status:** ☐ Married ☐ Single ☐ Divorced ☐ Widowed

**Interment Preference:** ☐ Cremated ☐ Casketed ☐ Unknown at this time

### SECTION 2: SERVICE RECORD

Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ Service Number (if applicable) \_\_\_\_\_

Date(s) Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date(s) Separated: \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION 3: SPOUSE INFORMATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_--\_\_\_\_--\_\_\_\_

Do you anticipate that your spouse will be buried at the cemetery? Yes ☐ No ☐  
(If spouse is a veteran, please submit a separate application)

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_

#### **Contact information other than Applicant**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

Please include Copies of the following documents with your application (do **not** send originals):

- Veteran's Military Discharge. (DD-214 or equivalent).
- If married and spouse elects to be buried in the cemetery, a copy of the marriage certificate.
- Marriage certificate still required for dual veteran couple status

Mail or Fax application and supporting documents to the following address:

**Southern Arizona Veterans Memorial Cemetery**  
**1300 Buffalo Soldiers Trail**  
**Sierra Vista, Arizona 85650**  
**PH: 520-458-7144**  
**FX: 520- 458-7147**

#### **(Cemetery Use Only)**

☐ Approved ☐ Denied

Reason denied \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Verifying Doc \_\_\_\_\_

SAVMC Staff: \_\_\_\_\_